

DATE:

TO: Suzanne Eghan
Administrative Services Officer
Department of Taxation
830 Punchbowl Street #217
Honolulu, HI 96813

FROM:

Legal name

Mailing address

City, State, Zip Code

RE: **LETTER OF INTEREST TO PROVIDE PROFESSIONAL SERVICES FOR THE
DEPARTMENT OF TAXATION**

Category of Interest:

Please include all categories you are interested in

Hourly rate:

Legal entity:

Corporation, partnership, joint venture, sole proprietorship

State of incorporation (for Corporations only)

Telephone number:

Facsimile number:

Email address:

Federal tax id #

State tax id#

Signed:

Print or type name of authorized representative signing above:

Title:

Date:

Legal Name:
Category:
Date:

REFERENCES:

1. Name:

Title:

Telephone#:

Email Address:

Mailing Address:

How do you know this person?

How long have you known this person?

2. Name:

Title:

Telephone#:

Email Address:

Mailing Address:

How do you know this person?

How long have you known this person?

3. Name:

Title:

Telephone#:

Email Address:

Mailing Address:

How do you know this person?

How long have you known this person?

Legal Name:

Category:

Date:

STATEMENT OF QUALIFICATIONS

Summary of qualifications, expertise, and experience:

Experience and professional qualifications relevant to project type:

Past performance on projects of similar scope for public agencies or private industry including corrective actions and other responses to notices of deficiency:

Capacity to accomplish the work in the required time:

Other relevant information (please refer to attachments, if any):